

Important Information for RALF and CFH Medicaid Providers:

Please read this important information before you submit an Exception Request:

- 1) If you are not familiar with the required setting qualities, please visit the HCBS webpage. Visit http://HCBS.dhw.idaho.gov and review the "Rules and Guidance" document under the "Provider Toolkit" on the right-hand side of the page. It contains information about all of the setting qualities. If you can comply with the setting qualities for all of the residents that you serve, you do not need to submit an Exception Request.
- 2) If an individual *chooses* not to have a setting quality in place, you do not need an Exception. For example, if a resident has chosen not to have a lock on their bedroom door, or chooses not to have visitors, this does not require an Exception as long as you would not prohibit the participant from doing so if they would like to exercise that right in the future.
- 3) You need to request an Exception if you must impose limitations to a setting quality because of a health or safety risk to an individual. If you have to actively implement a restriction to a setting quality to address an individual's health or safety needs, you must submit an Exception Request.
- **4) An Exception is for a specific participant**. You may serve multiple residents that might require an Exception if so, you need to submit an Exception Request Form for each individual.

Instructions for how to complete the Exception Request Form and a sample of a correctly completed form are included on the following pages.

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RESIDENTIAL ASSISTED LIVING FACILITIES (RALFS) OR CERTIFIED FAMILY HOMES (CFHS)

Exception Request Instructions for Aged and Disabled Waiver and State Plan Personal Care Services Participants

Pursuant to IDAPA rule 16.10.03.315, exceptions to residential setting requirements may be made if there is an associated health or safety risk to a participant or others around the participant. The residential setting requirements indicate that participants must:

- o Have privacy in their sleeping or living unit
- Have the option to have a lock on their bedroom and/or living unit door(s)
- Have a choice of roommate
- o Be able to furnish and decorate their sleeping or living unit
- o Have opportunities to make choices about activities and schedules
- o Have access to food at any time
- o Be able to have visitors at any time
- o Be able to physically access common areas of the residence

If the need for an exception to one of the above requirements is identified:

- 1. Complete the Exception Request Form with the participant during the annual person-centered service plan development process, or when a participant's needs change during their plan year such that they require an exception, whichever occurs first. The form must be signed by the CFH or RALF supervisory RN, the participant, and/or the participant's legal guardian.
- 2. Submit the completed and signed form with supporting documentation, if applicable, to the appropriate regional Medicaid office:

| Region I | BLTCRegI@dhw.idaho.gov |
|------------|--------------------------|
| Region II | BLTCRegII@dhw.idaho.gov |
| Region III | BLTCRegIII@dhw.idaho.gov |
| Region IV | BLTCRegIV@dhw.idaho.gov |
| Region V | BLTCRegV@dhw.idaho.gov |
| Region VI | BLTCRegVI@dhw.idaho.gov |
| Region VII | BLTCRegVII@dhw.idaho.gov |

3. The Medicaid Nurse Reviewer (NR) will review the exception and return it with a signature indicating whether it has been approved or denied. If it has been rejected, contact the NR to discuss the exception. If it has been approved, retain a copy with the participant's Service Plan.

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RESIDENTIAL ASSISTED LIVING FACILITIES (RALFS) OR CERTIFIED FAMILY HOMES (CFHS)

Sample Exception Request Form for Aged and Disabled Waiver and State Plan Personal Care Services Participants

| Setting Quality that | The specific requirement outlined in IDAPA 16.03.10.314 the exception is requested to |
|-----------------------------|---|
| Requires Exception | restrict. |
| requires Exception | Example: Access to food at any time. |
| Assessed Needs | The specific and individualized assessed needs that are related to the exception. |
| TIBBEBBEU TYCCUB | Example: John is diagnosed with type II diabetes and has impaired cognitive |
| | functioning. He is unable to independently monitor his food intake to manage his blood |
| | glucose. Access to food at any time presents a risk to John's health and safety. See |
| | attachment for medical documentation of his diagnosis. |
| Prior Interventions | The specific interventions and supports used prior to requesting an exception to the |
| and Supports | person-centered plan, if prior interventions and supports were used. |
| ана варрот св | Example: John was educated on the use of a food monitoring log by his physician but |
| | was unable to successfully use it to manage his blood glucose. See attachment for a |
| | copy of a sample of his food log. |
| Prior Methods | The less intrusive methods previously implemented that were unsuccessful in |
| 1101 111011045 | addressing needs of the participant, if prior methods were implemented. |
| | Example: John's food intake was not restricted for a period of time. During this time, |
| | he was attempting to use a food log to manage his diabetes. This was unsuccessful in |
| | helping John manage his blood glucose levels. |
| | OR |
| | John was prompted to select low-carb snack options and to limit his nighttime food |
| | intake; however, prompting alone was not successful and he has had multiple incidents |
| | of requiring insulin on an urgent basis. |
| Intervention | A clear and detailed description of the current intervention that is directly |
| Description | proportionate to the specific assessed needs. |
| | Example: John will not keep snack items in his room to prevent nighttime snacking |
| | and his food choices for mealtimes and daytime snacks will be limited to low-carb |
| | selections. |
| Data Collection | Regular collection and review of data to measure the ongoing effectiveness of the |
| | exception. |
| | Example: Staff will continue to monitor John's blood glucose levels daily to determine |
| | if prohibiting him from keeping food in his room and from snacking at night improves |
| | his management of his blood glucose. |
| Time Limit | Established time limit for periodic review to determine if the exception is still |
| | necessary, if a transition plan can be developed, or if the exception can be terminated. |
| | Example: The need for restricting John's nighttime snacking and daytime food options |
| | will be reevaluated during the next annual plan development meeting to determine if |
| | the restriction is still needed. |
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